PATENT APPLICATION FEE DETERMINATION RECOF									Application or Docket Number 3363/-/						
CLAIMS AS FILED - PART I (Column 3) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			13		•			RATE	T	ΈΕ	7	RATE	FI	EΕ	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	E 38	5.00	OB	BASIC FEE	770	0.00	
TOTAL CHARGEABLE CLAIMS			/3 minus 20=		•			XS 9=			OA	XS18=	XS18=		
INDEPENDENT CLAIMS			2 minus 3 =		•			X43=			OR	X86=			
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT								OR	+290=	Γ		
- 11	the difference	e in column 1 is	less than z	ero, enter	**************************************	cotumn 2		TOTAL	T		OR	TOTAL	77	U	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENT	ITY	, OR	OTHER SMALL			
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BER WSLY	PRESENT EXTRA		RATE	TIO	DI- NAL		RATE	AD TIOI FE	NAL	
	Total	. 13	Minus	-2	J	2	Ì	X\$ 9=		1	OR	X\$18=			
	Independent	· 2	Minus	- 7	<u> </u>	i i	ſ	X43=	П	7	OR	X86=		7.	
FIRST PRESENTATION OF MI			ULTIPLE DE	PENDENT	CLAIM		Ī	+145=			OR	+290=	/	/	
								TOTAL			OR	TOTAL ADDIT, FEE	1	•	
4 - 20 - 04 (Column 1) (Column 2) (Column 3)												AUDII. PEEI			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	•	MIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	AD TIO	NAL		RATE	ADI TION	M	
	Total	. 13	Minus	- 26	<u>5</u>	- ' '	ſ	X\$ 9=		d	OR	X\$18=	Τ.		
	Independent	. 2-	Minus	•••	3	•	t	X43= .	1		OR	X86=		Î	
	FIRST PRESE	NTATION OF ML	ILTIPLE DE	PENDENT	CLAIM	MIA.		+145=			OR	+290=	1	П	
						•	L	TOTAL		4	∩ 2	TOTAL			
		(Column 1)		(Colum	o: 2)	(Column 3)	. 4	DOIT, FEE		+		NDOIT. FEEL			
	`	CLAIMS		HIGHE	ST		r		AD	V. 1	ſ		ADI	7	
MEN		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA	l	RATE	TION	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	~		•	Γ	X\$ 9=			OR	X\$18=			
	Independent	•	Minus	***		-	H	X43•		_		X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									\dashv	OR			\dashv	
	the same in and	1			~		L	+145=			OR	+290=			
(1	the "Highest Nur	nn 1 is less than the nber Proviously Pai nber Streets the	is for in the	S SPACE &	less than	20, enter 20.	AE	TOTAL DOTT. FEE			OR ,	TOTAL DOT. FEE			
		tiber Previously Pa ber Previously Paid					lown	o in the ap	proprie	e bai	in con	imo 1.			